VERMONT DEPARTMENT OF LABOR		
Claimant v. Employer	) Ins ) -)	ate File No:  Surance Company File No:  ATTORNEY'S LIEN
I,, in accordance with Rule 10 of Vermont's Workers' Compensation Rules hereby request approval of said lien by the Commissioner of Labor in the above matter. Attached are the required documents in accords with Rule 10.5000.		
Dated this day	of	20
Approved on this c	lay of	Attorney Name  Law Firm  20  Commissioner of Labor/Designee
CC: Claimant Carrier		